

**IN THE UNITED STATES DISTRICT COURT FOR
THE SOUTHERN DISTRICT OF NEW YORK**

IN RE: FOSAMAX PRODUCTS LIABILITY LITIGATION (MDL No. 1789)	JUDGE KEENAN <u>Plaintiff: Janice Dotson</u> <u>SDNY Case No. 08cv5619</u>
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PLAINTIFF PROFILE FORM

Please provide the following information regarding yourself or each individual on whose behalf a personal injury or dental or other monitoring claim is being made. Each question must be answered in full. If you do not know or cannot recall the information needed to answer a question, please indicate that in response to the question. To the extent you cannot completely answer any question, please provide whatever information is available to you and, as to any information sought by the question which you do not know, please identify what part of the question you cannot answer. Do not leave any questions unanswered or blank.

Please attach as many sheets of paper as necessary to fully answer these questions.

In filling out this form, please use the following definitions:

- (1) "**health care provider**" or "**health care practitioner**" means any hospital, clinic, center, physician's office, dentist's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical, dental, oral, psychiatric, mental, emotional or psychological care or advice, and any doctor, physician, surgeon, oncologist, radiologist, dentist, oral and maxillofacial surgeon pathologist, oral pathologist, natural health provider, homeopath, osteopath, chiropractor, paramedic, nurse (registered or otherwise), physiotherapist, psychologist, psychiatrist, therapist, or any other person practicing any healing art, or performing any physical, dental, oral, radiological, or mental evaluation or examination or other persons or entities involved in the evaluation, diagnosis, care and/or treatment of you;
- (2) "**document**" means any writing or record of every type that is in your possession or the possession of your counsel, including but not limited to written documents, e-mails, cassettes, videotapes, photographs, charts, computer discs or tapes, x-rays, drawings, graphs, non-identical copies and other data compilations from which information can be obtained and translated, if necessary, by the respondent through electronic devices into any reasonably usable form.
- (3) "**Fosamax**" means FOSAMAX® and FOSAMAX PLUS D®.
- (4) "**Osteonecrosis of the jaw**" includes "avascular necrosis of the jaw," "aseptic necrosis of the jaw," and "ischemic necrosis of the jaw."

Other than in Section I(C), those questions using the term "You" should refer to the person who used Fosamax. You should attach as many sheets of paper as necessary to fully answer these questions.

If you have any documents (as defined above), that you are requested to produce in response to questions in this profile form or that relate to Fosamax or other bisphosphonate-containing products or medications you allegedly took, or to the incident, injuries, claims or damages that are the subject of your complaint or, if you have any unused Fosamax and its accompanying packaging, you are required to give all of these documents and materials to your attorney as soon as possible. If you are unclear about this obligation, please contact your attorney.

Whenever you are asked for the name and address of an individual or entity, you are to provide the full name and complete address for that individual or entity.

I. CASE INFORMATION

- A. Name of person completing this form Janice Yvonne Dotson
- B. Please state the following for the civil action which you have filed:
 - 1. Case Caption: Janice Dotson and John Dotson v. Merck & Co., Inc.
 - 2. Case No.: 08cv5619
 - 3. Please state the name, address, and telephone number of the principal attorney representing you:

Regina Sharlow Johnson, Esq.

Name of attorney

Lopez McHugh LLP

Firm name

712 East Main Street, Suite 2A, Moorestown, NJ 08057

City, State and Zip Code

856-273-8500

Telephone number

- C. If you are completing this questionnaire on behalf of someone else (e.g., a deceased person, an incapacitated person), please complete the following:

N/A

Your Name

Address

Social Security Number

In what capacity are you representing the individual? _____

If you were appointed by a court, please provide a copy of the order of appointment or power of attorney/authorizing document and state the:

Court _____	Date of Appointment _____
What is your relationship to the deceased or represented person? _____	

If you represent a decedent's estate, state the date of the decedent's death: _____

D. Claim Information

1. Do you claim that you have suffered a physical injury as a result of Fosamax use?

Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. Additionally, Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information.

Yes No _____

2. If the answer to the foregoing question is "yes," state the nature of the physical injury or injuries which you claim.

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. Plaintiff suffered, *inter alia*.

- Osteonecrosis of the Jaw
- Osteomyelitis of the Jaw
- Increased Risk of Developing Osteonecrosis of the Jaw
- X Other (Please Specify): bone deterioration/loss
- Not claiming any physical injuries as a result of Fosamax use

- a. When do you claim this injury occurred? Plaintiff cannot recall the exact date the injury occurred.

- b. Date of diagnosis: Plaintiff cannot recall her exact date of diagnosis.

- c. Name, address, telephone number and specialty of the person who diagnosed this injury: Dr. Edward Eckley (304) 252-0771

1804 Harper Road, Beckley, WV 25801

- d. Name, address, telephone number and specialty of the person who treated this injury: David P. Wise, MD DDS, (304)388-3290, 415 Morris Street, Suite 309, Charleston, WV 25301; Thomas A. McGraw, (919)684-4114, 200 Trent Drive, Suite 111, Durham, NC 27710 DMD; Dr. Edward Eckley, (304)252-0771, 1804 Harper Road, Beckley, WV 25801; Dr. Doug O'Dell 1210 Virginia Street, Charleston, WV, (304) 345-1210; John Vargo, DDS, 112 Morris St., Charleston, W.V. 25301; Dr. Dianna Lenick, DDS 1311 Quarrier St., #A, Charleston, W.V. 25301.

3. Do you claim that you have suffered a psychological or emotional injury as a result of Fosamax use? Yes X No _____

4. If the answer to the foregoing question is "yes," state the nature of the psychological or emotional injury or injuries which you claim.

Plaintiff has and continues to, among other things, suffer physical, emotional, mental and psychological pain, discomfort and distress which has resulted in, inter alia, loss of the enjoyment of life.
Plaintiff may have expert reports prepared and served upon defendants to more fully explain the damages resulting from Plaintiff's injuries. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

X Depression

X Anxiety

Other (Please Specify):

— Not claiming any psychological or emotional injury as a result of Fosamax use

a. When do you claim this injury occurred? _____ unknown

(month/day/year)

b. Have you sought treatment for this psychological or emotional injury? Yes No

c. Symptom(s): Include, but are not limited to: tired, Anxious, chronic pain

d. Date(s) of onset: Plaintiff does not recall

e. Date of diagnosis: Plaintiff does not recall

f. Do you still have the injury? Yes No

R. Do you still have the injury? Yes no Yes no

g. Name, address, telephone number and specialty of

g. Name, address, telephone number and specialty of first diagnosed this injury. Dr. Sanita Greenberg, MD

g. Name, address, telephone number and specialty of the person who first diagnosed this injury. Dr. Sanita Greenberg, MD, (304)872-5090, 350 Fairview Heights Road, Summersville, WV 26651

h. Name, address, telephone number and specialty of the person who treated this injury: Dr. Sanita Greenberg, MD, (304)872-5090,
350 Fairview Heights Road, Summersville, WV 26651

i. Medications prescribed or recommended: Effexor; Xanax

j. Date(s) of treatment: Plaintiff does not recall exact dates of treatment

5. Have you had discussions with any physician(s), dentist(s), or other health care provider(s) about whether any injury described in section I(D) above is related to the use of Fosamax?

Yes X No _____

If "yes," please identify:

Name(s) of health care provider(s): Dr. Edward Eckley, DDS, MS

Address(es): 1804 Harper Road, Beckley, WV 25801

Specialty: Orthodontia

Date(s) of Discussion(s): unknown

a. Do you recall what you were told? Yes X No _____

b. If "yes," what were you told? Plaintiff generally recalls that Dr. Eckley told her that she should discuss discontinuing Fosamax with her treating physician.

[If you discussed with more than one health care provider, please separately identify what each individual said to you]

6. Do you claim that your treatment with Fosamax increased your risk of a future injury or harm that you have not yet experienced?

Plaintiff is not a medical expert and has answered below to the best of his/her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

Yes X No _____

If "yes," identify and describe each and every such future injury or harm and for each, identify the basis for your contention. _____

Plaintiff suffers from daily pain daily and is currently seeking treatment to correct her bite which she believes is misaligned due to bone deterioration.

7. Have you had any discussions with any physician(s), dentist(s), or other health care provider(s) about whether your treatment with Fosamax or any other bisphosphonate puts you at increased risk of future injury or harm?

Yes X No _____ Don't Recall _____

If "yes," please identify:

Name of health care provider(s): Dr. Edward Eckley, III

Address: 1804 Harper Road, Beckley WV 25801

Specialty: Orthodontia

Date(s) of Discussion(s): Plaintiff is unable to recall exact dates of discussion.

State what the health care provider told you, including any description of the future injury or harm: Dr. Eckley inquired if I had ingested Fosamax and instructed me to discuss discontinuing this product with my prescribing physician.

[If you discussed with more than one health care provider, please separately identify what each individual said to you]

8. If you do not claim to have suffered a physical, psychological, or emotional injury as a result of Fosamax use, state how you have been injured or damaged.

Not Applicable.

II. PERSONAL INFORMATION OF THE PERSON WHO USED FOSAMAX

- A. Name: Janice Yvonne Dotson
- B. Maiden name(s) or any other name(s) by which you have been known (from prior marriages or otherwise, if any): Janice Thompson
- C. Gender: Male _____ Female X
- D. Social Security number: 233-62-0845
- E. Driver's license number: to be provided
State of issuance: West Virginia
- F. Date and place of birth (city, county, and state): October 16, 1939, Beckley West Virginia
- G. Provide the full name, address, and age of each of your children: Cynthia Ray, Age 48, 2301 Colony Lane, Cleveland, TN
- H. Identify each address at which you have resided during the last ten (10) years, and list when you started and stopped living at each one:

Address	Dates of Residence
73 A Avenue Richwood, WV 26261	1990 to date

- I. Complete the following information with respect to your employment for ten (10) years prior to your use of Fosamax or any other bisphosphonate to the present (If not employed during that period, state last employer).

Employer	Address	Occupation/ Job Duties	Dates of Employment	Salary/ Bonus/ Overtime
Retired				

- J. Within the last ten (10) years, have you been convicted of any felony or a crime involving dishonesty or false statement?

Yes _____ No X

The Plaintiff objects to this question on the grounds that it is unduly broad, overly burdensome, seeks information that is not relevant to any of the issues in this dispute, and/or is not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving these objections, the Plaintiff has not been convicted of any crimes relevant hereto under federal law.

If "yes," please (1) identify the crime and/or felony, (2) when you were convicted or pled guilty, (3) where you were convicted or pled guilty, (4) whether you were incarcerated, and if so, for how long you were incarcerated.
Not Applicable

- K. Are you making a claim for lost wages for either your present or previous employment? Yes _____ No X

If "yes," identify your annual income at the time of the injury alleged in Section I(D): Not Applicable

- L. Have you ever filed a lawsuit or brought any other type of legal claim aside from the present suit? Yes _____ No X

If "yes," for each such lawsuit, state (1) the court in which such lawsuit was filed, (2) the case name, (3) the names of the adverse parties, (4) the civil action or docket number assigned to the lawsuit, (5) a description of your claims in the lawsuit, and (6) whether the lawsuit has been resolved and if so, how it was resolved. Not Applicable

M. Have you ever served in any branch of the U.S. Military? Yes No X
If "yes," please state:

1. What branch and the dates of service: Not Applicable
 2. Were you discharged for any reason relating to your physical, psychiatric or emotional condition? Yes No
If "yes," state what that condition was: _____
 3. Have you ever been rejected from military service for any reason relating to your health or physical condition? Yes No
If "yes," state what that condition was: _____
 4. Have you ever served in the military overseas? Yes No
If "yes," state location and dates: _____
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N. Insurance / Claim Information

1. Have you ever filed a worker's compensation claim? Yes No X
If "yes," to the best of your knowledge please state:
 - a. Year claim was filed: Not Applicable
 - b. Nature of disability: _____
 - c. Approximate dates of disability: _____
 - d. Resolution of claim: Denied Granted Other
If "other," describe: _____
 - e. Identify the full name and address of the entity most like to have records concerning your claim: _____
 - f. Full name and address of your employer against whom claim was filed: _____

2. Have you ever filed a social security disability (SSI or SSD) claim? Yes X No
If "yes," to the best of your knowledge please state:
 - a. Year claim was filed: 1995
 - b. Nature of disability: Vertigo
 - c. Approximate dates of disability: Unknown
 - d. Resolution of claim: Denied X Granted Other
If "other," describe: _____

e. Identify the full name and address of the entity most likely to have records concerning your claim: Unknown

3. Has any insurance or other company provided medical and/or dental coverage to you (either directly or through a group or employer) for the period beginning twelve (12) years before your first use of Fosamax or any other bisphosphonate through the present? Yes X No _____
Don't Recall _____

If "yes," then as to each such company, separately state:

a. Name of the company: Blue Cross/Blue Shield

b. Address of the company: PO Box 34010, Washington, DC 20043

c. The account/policy number or designation: R 14726610

d. Name of Primary Insured: John Dotson

e. Dates of coverage: Start date is unknown but coverage is to date.

f. If there are any insurance coverages for which you cannot recall all of the details, please describe those details that you can remember: _____

Medicare (commenced in 2003) id # 233-62-0845. Address

Is unknown but will be provided.

a. Name of the company: GEHA (Government Employee Health Assoc)

b. Address of the company: PO Box 2336, Independence, MO 64051-2336

c. The account/policy number or designation: unknown

d. Name of Primary Insured: John Dotson

e. Dates of coverage: 2005-2007

f. If there are any insurance coverages for which you cannot recall all of the details, please describe those details that you can remember: _____

(see f. above)

III. EDUCATIONAL HISTORY

Identify each school, college, university and other educational institution you have attended, the dates of attendance, courses of study pursued and diplomas or degrees awarded.

Richwood High School – Graduated 1957

Southern Martz Beauty School – Harrington, WV Graduated 1958

IV. FAMILY INFORMATION

A. Have you ever been married?

Yes X No _____

B. If "yes," for each spouse/former spouse state:

1. Spouse's name: John Daniel Dotson

2. Dates of marriage: 1958

3. Spouse's date of birth: October 16, 1938

4. Spouse's occupation: Retired

5. Spouse's address and phone number: 73 A Avenue, Richwood, WV 26261

6. If applicable, why did the marriage end (e.g., divorce, death)? _____
Not Applicable

7. If applicable, the date the marriage ended: Not Applicable

C. Have your grandparents, parents, siblings and children ever had or been diagnosed with or had osteonecrosis or osteomyelitis?

Plaintiff is without sufficient information to provide a full and complete medical history of Plaintiff's parents, siblings, children and/or grandparents. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Subject to and without these objections and limitations, Plaintiff's response, to the best of her current information and belief is as follows:

Yes _____ No X _____

If "yes," state (1) the name and relationship of the person to you, (2) the disease(s) he or she has/had, and (3) the date of that individual's diagnosis. _____
Not Applicable

V. DENTAL BACKGROUND

A. HABITS

1. On average, during the twelve (12) year period BEFORE you first used Fosamax, how often did you:

- a. Brush your teeth per week? Fourteen or more times.
 - b. Floss your teeth per week? Plaintiff cannot recall exact number of times per week that she flossed.
 - c. See a dentist for routine check-ups, examinations or teeth cleaning? Yes.
-

2. On average, during the period AFTER you began using Fosamax, how often do you:

- a. Brush your teeth per week? Fourteen or more times
 - b. Floss your teeth per week? Plaintiff cannot recall exact number of times per week that she flossed.
 - c. See a dentist for routine check-ups, examinations or teeth cleaning? Yes
-

B. DENTAL STATUS

Plaintiff is not a medical expert and has answered below to the best of his/her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question and its subparts contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

1. Are you missing any teeth (including wisdom teeth or others)?

Yes X No _____ Don't Recall _____

If "yes," indicate the following:

- a. How many are you missing? Plaintiff believes she is missing three teeth
 - b. Which teeth? unknown
 - c. When and how did you lose each of those teeth? Unable to recall.
-

2. Were any of the missing teeth extracted? Yes X No _____
Don't Recall _____

If "yes," indicate the following:

- a. How many? Plaintiff believes that 2 of her 3 missing teeth were extracted.
 - b. Which teeth? unknown
-

- c. When and why were these teeth extracted? Unable to recall
- d. Who performed each extraction? (please provide the name, address, telephone number and specialty of the person who performed each extraction(s)). Dr. John Vargo, DDS
112 Morris St., Charleston, WV 25301
Phone: (304) 342-4487
3. Have you ever had any dental implants, artificial fixtures (including dentures and bridges), or any dental prosthodontics or orthodontia (including braces)? Yes X No _____ Don't Recall _____
- If "yes," indicate the following:
- a. What type of dental implant(s), artificial fixture(s), or dental prosthodontics or orthodontia did you have? 2 implants

- b. Identify approximately when you received each dental implant, artificial fixture, or dental prosthodontics or orthodontia? In or about January 2008

- c. Please identify the teeth or the approximate locations in your mouth where you received dental implants, artificial fixtures, or dental prosthodontics or orthodontia? One tooth is in the front and one tooth is on the side.

- d. Please provide the name, address, telephone number and specialty of the persons who installed or fitted your dental implants, artificial fixtures, or dental prosthodontics or orthodontia. Dr. John Vargo, DDS
112 Morris St., Charleston, WV 25301
Phone # (304) 342-4487

- e. Please describe any problems or complications you experienced relating to the dental implants, artificial fixtures, or dental prosthodontics or orthodontia you received? Implants were rejected.

4. Have you ever had any periodontal procedures? Yes _____ No _____
 Don't Recall X

If "yes," indicate the following:

- a. What type of periodontal procedure(s) have you had? _____
- b. When did you receive each procedure? _____
- c. Please provide the name, address, telephone number and specialty of the person who performed each procedure. _____

- d. Did you have any problems or complications related to the periodontal procedure (describe each complication)? _____

5. Have you ever had a fracture of the jaw? Yes _____ No _____
 Don't Recall X

If "yes," indicate the following:

- a. Date(s) of each fracture? _____
- b. Describe how you suffered each fracture? _____
- c. Describe the portion(s) of the jaw fractured and the extent of the fracture(s): _____
- d. Please provide the name, address, and telephone number of each person who treated you for each fracture. _____

C. Have you ever had or been diagnosed with any of the following conditions:

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's/decedent's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

	Yes	No	Unknown
Osteonecrosis of the jaw			<u>X</u>
Osteomyelitis			<u>X</u>
Infection in the mouth			<u>X</u>
Tori in the mouth			<u>X</u>
Bone spurs in the mouth			<u>X</u>
Exposed bone in the mouth			<u>X</u>

	Yes	No	Unknown
Tooth decay			X
Poor healing of infections in the mouth			X
Gum disease or infection			X
Periodontal disease			X
Bleeding gums			X
Temporomandibular joint [TMJ] problems	X		
Abscesses			X
Lesions in the mouth			X
Cancer of the mouth		X	
Herpes [in or around the mouth]		X	
Lockjaw		X	
Exostosis (bony outgrowth)		X	
Pain (persistent or otherwise) in the mouth or jaw	X		
Swelling in the mouth or jaw	X		
Non-healing sore in the mouth or jaw		X	
Draining fistula		X	
Numbness of the lip, chin, mouth or jaw	X		
"Heaviness" of the jaw	X		
Burning or tingling in the jaw	X		
Limited range of motion in the jaw	X		
Edentulous (toothless) regions in the mouth			X
Lingual Mandibular Sequestration			X
Osteoradionecrosis			X
Other disease of the jaw or oral cavity Please specify:			X

D. If you responded "yes" to any of the above, please provide the following information for each condition:

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. Plaintiff also objects to the request to identify the date of onset as it is vague and ambiguous as to whether the request seeks 1) the time at which Plaintiff first became aware of the bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages, or 2) the time at which, in hindsight, Plaintiff now believes the bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages were incurred, or 3) the date a medical provider was first consulted, or 4) some other time. Subject to and without waiving this objection, Plaintiff's response is as follows:

Condition	Name and Address of Person(s) Who Diagnosed or	Approximate
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	Treated the Condition	Onset Date of Condition
Bone deterioration	Dr. Edward L. Eckley, III 1804 Harper Road Beckley, WV 25801	unknown
Jaw Pain/Problems	David P. Wise, MD DDS 415 Morris St. Suite 309 Charleston, WV 25301	2005

- E. State whether you ever had any of the following dental or oral procedures/tests at any time.

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

	Yes	No	Unknown
Gingivectomy or gum resection		X	
Periodontal surgery			X
Oral surgery	X		
Root canal or other endodontic procedure			X
Root planing, scaling, or other treatment for gum disease			X
Any invasive dental procedure	X		
Ridge smoothing			X

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
Debridement of the oral cavity			X
Bone trimming			X
Apicoectomy			X
Bone jaw biopsy			X
Dental x-rays, panorexes, or other dental imaging	X		
Other diagnostic test or imaging of the mouth or jaw			X
Please specify: _____			

F. For each procedure/test for which you answered "yes," please identify the following information:

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of her current information and belief.
Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

Test/Procedure	Name and Address of Physician/Dentist Who Performed Test/Procedure	Approximate Dates of Treatment
Implants	Dr. John Vargo, DDS 112 Morris St., Charleston, WV 25301	2008
Exam /xray	Dr. Mark Piper, DMD, MD 111 2 nd Ave. NE, Suite 1006, St. Petersburg, FL 33701	Feb. 12, 2007
Advanced Mandibular Surgery	Dr. David P. Wise, MD Suite 309 Charleston, WV 25301	March 2005
X Ray	Garup, Misiek, Spagnoli, Crowley, Gollehon & Farrell 130 Lake Concord Rd. NE Charlotte, NC 28201	December 2, 2005
X Ray and Splints	Dr. Doug O'Dell 1210 Virginia St. Charleston, W.V.	unknown

	Phone -304-345-1210	
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VI. OTHER MEDICAL BACKGROUND AND INFORMATION

- A. To the best of your knowledge, did you use or take any of the following medications or substances BEFORE the injury that you allege you suffered occurred? If "yes," please provide the first and last date on which you took the medication or substance.

Plaintiff objects to the request to identify the purpose as it is vague and ambiguous and calls for a medical opinion. Plaintiff is not a medical expert and has answered below to the best of her current information and belief. By way of further response, Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

	Yes	No	Date First Taken	Date Last Taken
Corticosteroids or other steroids	X			
Radiation therapy	X			
a. Head and/or Neck	X			
b. Other Body Part	X			
Chemotherapy	X			
Hormonal therapy (including, but not limited to, estrogen therapy, oral contraceptive, estrogen/progestin therapy, anti-estrogens, aromatase inhibitors, and anti-androgens/androgen deprivation therapy)				
Blood pressure (hypertension) medication	X		Cannot recall	To date
Cholesterol-lowering medication	X		Cannot recall	To date
Medication for the treatment of Rheumatoid Arthritis		X		
Medication for the treatment of Diabetes		X		

- B. Were you taking any other prescription medicines in the five (5) years prior to developing the injury you are claiming in this action?

Yes X No _____

Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. Plaintiff believes that she may have ingested the following medications in the past five years years:

Xanax, Darvocet, Hyzaar, Spironolactone, Norvasc, Lexapro, Vytorin, Limbitrol, Ambien, Synthroid

- C. Have you participated in any clinical trials or taken any experimental drugs?
Yes _____ No X

If "yes," please indicate when you participated in such trials, where the trials took place, which drugs you took, and for what condition you took such drugs. Not Applicable

D. Smoking/Tobacco Use History:

Do you now or have you ever smoked or used tobacco products?

Yes _____ No X

If "yes," indicate with an "X" the answer and fill in the blanks applicable to your history of smoking and/or tobacco use

1. Current smoker of cigarettes _____; cigars _____; pipe tobacco _____; or user of chewing tobacco/snuff _____.
 - a. Amount smoked or used: on average _____ per day for _____ years.
2. Past smoker of cigarettes _____; cigars _____; pipe tobacco _____; or used chewing tobacco/snuff _____.
 - a. Date on which smoking/tobacco use ceased: _____
 - b. Amount smoked or used: on average _____ per day for _____ years.

E. Alcoholic Beverage Consumption History

Do you now drink or have you in the past drunk alcohol (beer, wine, whiskey, etc.)? Yes _____ No X

If "yes," fill in the appropriate blank with the number of drinks that represents your average alcohol consumption during the period you were taking Fosamax up to the time that you sustained the injuries alleged in the complaint:

_____ drinks per week,
_____ drinks per month,
_____ drinks per year, or

Other (describe): _____

G. Have you ever experienced or been diagnosed or treated for any of the following:

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of his/her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

	Yes	No	Unknown
1. Necrosis, avascular necrosis, aseptic necrosis or osteonecrosis in any part of the body			X
2. Osteoporosis			x
3. Paget's disease		X	
4. Pancytopenia or abnormal blood count secondary to cancer and/or cancer treatment		X	
5. Sickle cell disease		X	
6. Gaucher's disease		X	
7. Vascular diseases, problems, or insufficiencies		X	
8. Autoimmune or connective tissue disorders		X	
a. Systemic lupus erythematosus		X	
b. Rheumatoid arthritis		X	
c. Vasculitis		X	
d. Crohn's disease		X	
e. Reynaud's syndrome		X	
f. Sjogren's syndrome		X	
g. IBD (Inflammatory Bowel Disease)		X	
h. Pernicious Anemia		X	
i. Primary Biliary Cirrhosis		X	
j. Other (describe): _____		X	
9. Acquired Immune Deficiency Syndrome (AIDS) or HIV		X	
10. Renal transplant, disease and/or impairment		X	
11. Caisson's disease, barotraumas and/or decompression sickness		X	
12. Pancreatitis		X	
13. Diabetes Mellitus		X	
14. Fungal infections (including, but not limited to, Aspergillus fungus)		X	
15. Asthma		X	
16. Blood disorders, dyscrasias or other blood abnormalities		X	
17. Dislocation of any bones in the jaw			X
18. Bone disorders and/or fractures		X	

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
19. Herpes Zoster		X	
20. Any other liver or kidney disease(s) not mentioned above. Please specify: _____		X	

H. If you responded "yes" to any of the above, please provide the following information for each condition:

The following response is not intended to constitute a complete and exhaustive list of any and all bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages claimed by this Plaintiff. Plaintiff is not a medical expert and has answered below to the best of her current information and belief. Plaintiff reserves the right to augment, revise or otherwise conform this response based upon later acquired information. Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents. Plaintiff also objects to the request to identify the date of onset as it is vague and ambiguous as to whether the request seeks 1) the time at which Plaintiff first became aware of the bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages, or 2) the time at which, in hindsight, Plaintiff now believes the bodily injuries, illnesses, conditions, complaints, symptoms, diagnoses or damages were incurred, or 3) the date a medical provider was first consulted, or 4) some other time. Subject to and without waiving this objection, Plaintiff's response is as follows:

<u>Condition</u>	<u>Name and Address of Person(s) Who Diagnosed or Treated Condition</u>	<u>Approximate Onset Date of Condition</u>

H. If you are claiming a psychological or emotional injury in this case, state whether you have ever experienced or have ever been treated for any psychological, psychiatric or emotional problem (including depression) not related to your use of Fosamax.

Yes _____ No X

If "yes," please provide the following information for each condition:

1. Describe the symptoms experienced. _____
 2. Please provide the name, address, telephone number and specialty of the person who provided the diagnosis and/or treatment. _____
 3. Please provide the name and address of the facility or hospital, if any, where the treatment was provided. _____
 4. For each provider of care identified in subparagraphs 2 and 3, please produce an executed copy of the release form attached as Ex. C, authorizing Merck to obtain your psychotherapy notes and related records generated by any such mental health care practitioner.
- I. Have you ever suffered any injury to your head, neck, mouth or jaw?
- Yes X No _____
- If "yes," please state:
1. When the injury occurred. 1979
 2. The nature of the injury, including what part of the body was injured. Fractured Neck Vertebrae
 3. Please provide the name, address, telephone number and specialty of the person who provided the diagnosis and/or treatment. Plaintiff does not recall
 4. Please provide the name and address of the facility or hospital, if any, where the treatment was provided. C.A.M.C. Charleston, W.V.
5. Please identify the medications taken to treat the injury. Plaintiff does not recall

VII. CANCER BACKGROUND

- A. Have you ever been diagnosed with cancer or metastatic disease?
- Yes _____ No X
- If "yes":
1. When were you first diagnosed with cancer or metastatic disease? Not Applicable
 2. What type of cancer or metastatic disease was it? _____
 3. Who diagnosed this cancer or metastatic disease? (Please provide the name, address, telephone number and specialty of each diagnosing physician). _____
 4. Have you been diagnosed with cancer or metastatic disease more than once? Yes _____ No _____

If "yes," provide the information requested in questions 1, 2, and 3 for each cancer or metastatic disease diagnosed. _____

VIII. FOSAMAX AND OTHER BISPHOSPHONATE USE

Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

A. Identify which of the following medications you have taken:

	Yes	No
1. FOSAMAX®	X	
2. FOSAMAX PLUS D®	X	
2. Zometa®	X	
3. Aredia®	X	
4. Actonel®:	X	
5. Boniva® or Bondronat®	X	
6. Didronel®	X	
7. Skelid®	X	
8. Nerixia®	X	
9. Bonefos® or Clastoban® or Clasteon® or Ostac®	X	
10. Osteolite®	X	

B. Complete the following information for each drug identified above:

Plaintiff refers to and incorporates information pertinent to this question contained within Plaintiff's medical records that are produced herewith and those medical records that are obtained by defendants and/or their agents.

Dates of Use of Drug (month/day/year)	Dosage and Form of Dose (IV, oral)	Full Name of Physician(s) Who Prescribed	Full Address of Prescribing Physician(s)	Condition(s) Treated	Name of Facility and Street Address of Location Where Drug Was Infused, Injected or Taken or Name and Address of Pharmacy(s) Where Prescription was Filled
Unable to recall exact dates of ingestion	70 mg tablet once per week with water	William Scaring, MD	410 Carriage Drive Beckley, WV	Osteoporosis	Medco Health Solutions PO Box 2660 Spokane, WA 99220-2660

C. For what disease or condition were you prescribed each of the medications identified in section VIII(A):

1. Injury, illness, or disability: Plaintiff believes that she was prescribed Fosamax for Osteoporosis/Osteopenia
2. Date(s) of onset: Unable to recall
3. Date(s) of diagnosis: Unable to recall
4. Please provide the name, address, telephone number and specialty of the person by whom the injury, illness or disability was first diagnosed.
Dr. William Scaring
410 Carriage Dr., Beckley, WV
5. List the treatment (surgery, medications taken or prescribed) for the injury, illness or disability.Fosamax

D. Did you receive any samples of Fosamax? Yes X No _____

If "yes," provide the following:

1. Identify the full name and address of each person who provided them:
Dr. Scaring
410 Carriage Drive, Beckley, WV

2. Identify the approximate date(s) when the samples were provided: _____
Plaintiff does not recall dates

E. At the time you first began taking Fosamax or other bisphosphonates did you suffer from any other physical injuries, illnesses or disabilities other than the disease or condition identified in VIII(C) above? Yes _____ No X

If "yes," identify the injury, illness, or disability, symptoms, date(s) of onset and dates(s) of diagnosis

1. Injury, illness, or disability: Not Applicable

2. Symptom(s): _____

3. Date(s) of onset: _____

4. Date(s) of diagnosis: _____

5. Please provide the name, address, telephone number and specialty of the person by whom the injury, illness or disability was first diagnosed. _____

F. To the best of your knowledge, state whether you underwent any of the following tests, procedures, or surgeries BEFORE the injury you allege you suffered occurred.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
1. Skeletal bone scan (scintigraphy), Dual Energy X-Ray Absorptiometry (DEXA) scan, or nuclear medicine imaging			<u>X</u>
2. MRI (including functional MRI, or MRI spectroscopy), CT or CTA scans for bone			<u>X</u>
3. Doppler scans			<u>X</u>
4. Ultrasound for bone			<u>X</u>
5. PET scans for bone			<u>X</u>
6. Interventional radiology procedure images, such as organ procedures or vascular interventional radiology procedures			<u>X</u>
7. Vascular surgery			<u>X</u>
8. Any other surgery on bone (Please describe: _____)			<u>X</u>

G. For each test, procedure, or surgery for which you answered "yes," please identify the treating physician and approximate date of the test.

<u>Test/Procedure</u>	<u>Name and Address of Facility Where Test/Procedure Performed</u>	<u>Approximate Dates of Test/Procedure</u>

H. Did you see any written, televised or internet-based advertising or labeling materials regarding Fosamax prior to or during the time you took Fosamax?
Yes X No _____

If "yes," state which written, televised or internet-based advertising or labeling materials you recall seeing regarding Fosamax and when you saw such advertising or labeling materials, excluding any such materials that are covered by the Attorney-Client or Work Product Privileges. Plaintiff generally recalls seeing T.V. ad for Fosamax but does not recall the exact dates when she saw the ad or the exact contents of the ad.

I. Have you ever visited any website (including any chat rooms) regarding Fosamax or any other bisphosphonates? Yes X No _____

If "yes," identify all websites and chat rooms visited that you recall and the approximate dates of visit, excluding any such visits that are covered by the Attorney-Client or Work Product Privileges. Plaintiff recalls conducting a general search of "Fosamax" but does not recall the exact dates of the search or the result of the search.

J. Instructions or Information:

1. Did you receive any written or oral instructions or information about Fosamax before you took it? Yes X No _____ Don't Recall _____

2. If "yes," please answer the following:

a. When did you receive the instructions or information? Plaintiff believes that she may have received information when the prescription was filled.

b. From whom did you receive it? Medco

c. What written instructions or information did you receive? Plaintiff only recalls ingestion instructions such as take product with water and remain standing or sitting for an extended period of time.

d. What oral instructions or information did you receive? Plaintiff does not recall any oral instruction or information.

IX. MONETARY LOSS CLAIMS

- A. Have you paid or incurred any medical expenses that are related to any condition that you claim or believe was caused by your use of Fosamax and for which you seek recovery in the action you have filed?

Yes X No _____

If "yes," state the total amount of such expenses at this time:

X unknown and will be supplemented. _____

- B. Has your insurer, or any other entity or person, paid or incurred any medical expenses that are related to any condition that you claim or believe was caused by your use of Fosamax and for which you seek recovery in the action you have filed?

Yes X No _____

If "yes," state the total amount of such expenses at this time: \$ to be provided _____

Please provide an itemized statement of the nature and amount of all damages you are claiming. To be provided _____

X. WITNESSES

Please identify all persons (not identified elsewhere in this questionnaire) who you believe possess information concerning your injury, your current medical condition, the medical condition for which you took Fosamax, and/or your claims in this case and for each, state their name, address, telephone number and a description of the information you believe they possess.

All medical providers mentioned herein. _____

Plaintiff's daughter and husband _____

Timothy Ray 2401 N. Ocoee, Cleveland, TN 37311 _____

XI. DOCUMENTS AND THINGS

Please indicate whether you or your attorney are in possession of the following documents by checking "Yes" or "No" where indicated and attach copies of the following documents to your response to this profile form. If you withhold a document or information otherwise discoverable by claiming that it is privileged or otherwise protected, you shall make any such claim expressly and describe the nature of the information or document not produced or disclosed in a manner that enables other parties to assess the applicability of the privilege or protection, in accordance with the requirements of Fed.R.Civ.P. 26(b)(5).

- A. For each health care practitioner who has examined you, treated you, or consulted with other health care practitioners regarding your medical or dental condition within twelve (12) years of your first use of Fosamax to the present, produce an executed copy of the release form attached to this Plaintiff's Profile Form as Ex. A, authorizing Merck to obtain medical records from each health care practitioner.
- B. Produce an additional TEN ORIGINAL SIGNED copies of the release form attached as Ex. A, leaving blank the name to whom the release is directed, authorizing Merck to obtain medical records from each health care practitioner who later becomes known to Merck who has examined you, treated you, or consulted with other health care practitioners regarding your medical or dental condition at any time.
- C. For each hospital, clinic or any other facility at which you have been treated for any medical or dental condition within twelve (12) years of your first use of Fosamax to the present, produce an executed copy of the release form attached as Ex. A, authorizing Merck to obtain medical records from each such hospital, clinic or any other facility.
- D. Produce an additional TEN ORIGINAL SIGNED copies of the release form attached as Ex. A, leaving blank the name to whom the release is directed, authorizing Merck to obtain medical records from any hospital, clinic or any other facility that later becomes known to Merck and at which you have been treated for any medical or dental condition at any time.
- E. Has any health care practitioner examined you, treated you, or consulted with other health care practitioners regarding your medical, dental or mental condition at or in affiliation with a Veteran's Administration facility?
Yes _____ No X

If your answer is YES, please produce an executed copy of the release form VA 10-5345 attached as Ex. B, authorizing Merck to obtain medical records from each health care practitioner.

- F. Has any psychologist, psychiatrist or other mental health care practitioner examined or treated you for any psychological, psychiatric, or emotional injuries, illnesses and/or conditions allegedly suffered as a result of your treatment with Fosamax? Yes _____ No X

If your answer is YES, please produce an executed copy of the release form Authorization for Release of Mental Health Records attached as Ex. C, authorizing Merck to obtain your mental health records, psychotherapy notes, and clinical information generated by any such mental health care practitioner.

- G. A copy of all medical records from any health care provider identified in any of your responses to the questions above. Yes _____ No X *

* All relevant and responsive medical records in plaintiffs' possession have been attached hereto.

- H. All radiological or other imaging or recordings identified in any of your responses to the questions above. Yes _____ No X

I. If you have been the claimant or subject of any worker's compensation, Social Security or other disability proceeding, all documents relating to such proceeding. Yes X No _____

J. Have you ever made a claim for Social Security benefits, disability insurance benefits, or workers' compensation benefits? Yes X No _____

If your answer if YES, please produce an executed copy of each applicable authorization (Form SSA-3288; Authorization for Release of Disability Insurance Records; and/or Authorization for Release of Workers' Compensation Records) attached as Ex. D, authorizing Merck to obtain all documents discussing, describing or memorializing your requests for Social Security, disability insurance, or workers' compensation benefits.

K. If you claim you have suffered a loss of earnings or earning capacity, produce copies of your Federal and State income tax returns and related tax forms (such as W-2s, 1099's, etc.) evidencing all income for each of the years from ten (10) years prior to your injury to the present. Yes _____ No X

L. Do you claim you have suffered a loss of earnings or earning capacity? Yes _____ No X

If your answer is YES: please produce executed copies of each of the authorizations (Form 4506 and Authorization for Release of Department of Revenue Records) attached as Ex. E, authorizing Merck to obtain your Federal and State income tax returns for each of the years from ten (10) years prior to your injury to the present.

M. If your answer to Question L is YES, please also produce an executed copy of the authorization Form SSA 7050-F4 attached as Ex. F, authorizing Merck to obtain your earnings information from the Social Security Administration.

N. If you claim you have suffered a loss of earnings or earning capacity, all documents relating to your employment at any time, including documents relating to attendance, leave of absences (whether for vacation, sick leave or other reasons), reported injuries, promotions and demotions, performance evaluations, reports of health examinations, job applications, and wages paid and/or earnings given (including W-2 forms), and all other pertinent documents, including any and all medical, psychological, or testing records or memoranda. Yes _____ No X

O. If your answer to Question L above is YES, for each of your employers identified in any of your responses to the questions above, please produce two executed copies of the release form Authorization for Release of Employment Records attached as Ex. G, permitting Merck to obtain your employment records, including W-2 forms.

P. Have you ever served in the military? Yes _____ No X

If your answer is YES, please produce an executed copy of Standard Form 180 attached as Ex. H, permitting Merck to obtain your military personnel, service, and health records.

Q. Copies of all documents from any healthcare provider (as defined above) or others discussing, describing, relating to, or memorializing your treatment with Fosamax or to any condition you claim is related to the use of Fosamax.
 Yes X No

* All relevant and responsive medical records in plaintiffs' possession have been attached hereto.

- R. For each insurance company or other organization that has insured you from twelve (12) years prior to your first use of Fosamax to the present, produce an executed copy of the authorization, attached as Ex. I, authorizing Merck to obtain all insurance records from each such company.
- S. All documents constituting, concerning or relating to product use instructions, product warnings, package inserts, handouts or other materials distributed with or provided to you in connection with your use of Fosamax.
 Yes No X
- T. Copies of advertisements, written or Internet materials or promotions for Fosamax which you saw prior to or during your use of the medication.
 Yes No X
- U. Copies of all websites you visited regarding Fosamax or any other bisphosphonates, your injuries and/or this lawsuit, not including those items covered by the Attorney-Client or Work Product Privileges.
 Yes No X
- V. Copies of transcripts of Internet chat room discussions in which you participated regarding Fosamax, any other bisphosphonates, your injuries and/or this lawsuit, not including those items covered by the Attorney-Client or Work Product Privileges. Yes No X
- W. Copies of email relating to Fosamax, any other bisphosphonates, your injuries and/or this lawsuit, not including those items covered by the Attorney-Client or Work Product Privileges. Yes No X
- X. All documents relating to Fosamax or any alleged health risks or hazards related to these drugs in your possession at or before the time of the injury alleged in your Complaint. Yes No X
- Y. All documents you (and not your lawyer) obtained directly or indirectly from Merck. Yes No X
- Z. All diaries, calendars or any other writings or recordings made by you, or by any other person, describing, discussing, explaining or referring to the injuries, damages, or causes of action alleged by you in the Complaint, not including those items covered by the Attorney-Client or Work Product Privileges. Yes No X
- AA. All diaries, calendars or any other writings or recordings made by you, or by any other person, describing, discussing, explaining or referring to the underlying illness or disease for which you received Fosamax, not including those items covered by the Attorney-Client or Work Product Privileges.

Yes No **X**

- BB. Copies of all documents you (and not your attorneys) obtained from any source related to Fosamax or to the alleged effects of such medications, not including those items covered by the Attorney-Client or work Product Privileges.
 Yes No **X**
- CC. If you claim any loss from medical expenses, copies of all bills from any physician, hospital, pharmacy or other health care provider.
 Yes **X** No
- DD. Decedent's death certificate (if applicable).
 Yes No Not applicable **X**

XII. LIST OF MEDICAL PROVIDERS AND OTHER SOURCES OF INFORMATION

Identify the following:

- A. Your current family and/or primary care physician:

Name	Address	Specialty	Approximate Dates of Treatment
Sunita Greenberg	Fairview Health Associates 350 Fairview Heights Road Summersville, WV 26651	Family Medicine	Exact dates of treatment are unknown.

- B. Identify each of your *other* primary care physicians for the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address	Specialty	Approximate Dates of Treatment
William L. Harris, MD	3100 MacCorkle Ave. SE Suite 307 Charleston, WV 25304	Family Medicine	Exact dates of treatment are unknown.

- C. Each hospital, clinic, or healthcare facility where you have received inpatient treatment or been admitted as a patient during the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address	Admission Dates	Reason for Admission
CAMC (Charleston Area Medical Center) General Division	CAMC General Hospital General Medical Pavilion 415 Morris St. Suite 309 Charleston, WV 25301	March 2005	Advanced mandibular surgery
Duke University, North Carolina	200 Trent Drive Baker House Suite 111 Durham, NC 27710	Unknown	Consultation regarding further jaw surgery

- D. Each hospital, clinic, or healthcare facility where you have received outpatient treatment (including treatment in an emergency room) during the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address	Treatment Dates	Reason for Treatment
Richwood Area Community Hospital	75 Avenue B Richwood, WV 26261	Plaintiff is unable to recall	Plaintiff is unable to recall
The Greenbrier Clinic	320 West Main Street, White Sulphur Springs, WV 24986	June 2006	Plaintiff is unable to recall

- E. Identify each health care provider who has ever seen or treated you for osteoporosis or the underlying illness for which you took Fosamax.

Name	Address	Specialty	Approximate Dates of Treatment
Dr. Scaring	410 Carriage Dr. Beckley, WV	GYN	Plaintiff is unable to recall
G. Robert Thompson, MD	320 West Main Street, White Sulphur Springs, WV 24986	Internal Medicine	June 2006

- F. Each dentist, orthodontist, periodontist, oral and maxillofacial surgeons or other healthcare provider involved in providing dental care or treatment who you have ever

seen or from whom you have ever received treatment.

Name	Address	Specialty	Approximate Dates of Treatment
Dr. John Vargo, DDS	112 Morris St., Charleston, WV 25301	Periodontist	Plaintiff is unable to recall exact dates of treatment
Dr. Mark Piper, DMD, MD	111 2 nd Ave. NE, Suite 1006, St. Petersburg, FL 33701	Oral and Maxillo-Facial surgeon	February 12, 2007
Dr. Dianna Lenick, DDS	1311 Quarier St., #A, Charleston, WV 25301	Aesthetic and Reconstructive Dentistry	March 20, 2007 to date
Dr. Thomas McGraw DMD	Duke Clinic-Duke Oral Surgery 200 Trent Drive Baker House Suite 111 Durham, NC 27710	Oral and Maxillo-Facial surgeon	Plaintiff is unable to recall exact dates of treatment
David P Wise, MD DDS	415 Morris Street, Suite 309 Charleston, WV 25301	Dentistry	March 2005
L. Edward Eckley, III DDS MS	1804 Harper Road Beckley, WV 25801	Orthodontia	Plaintiff is unable to recall exact dates of treatment

- G. Identify any other healthcare provider by whom you have been seen or from whom you have received treatment for any reason during the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address	Specialty	Approximate Dates of Treatment
Dr. Scaring	410 Carriage Dr. Beckley, WV	GYN	Unable to recall
G. Robert Thompson, MD	320 West Main Street, White Sulphur Springs, WV 24986	Internal Medicine	2006

- H. If you are claiming any psychological or emotional damages, identify each psychiatrist, psychologist, mental health counselor, therapist and/or social worker from whom you have received treatment or with whom you have consulted

regarding your health during the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address	Specialty	Approximate Dates of Treatment

- I. Each pharmacy that has dispensed medication to you in the twelve (12) years prior to the date of your first use of Fosamax or any other bisphosphonate through the present.

Name	Address
Medco	PO Box 2660 Spokane, WA 99220-2660

DECLARATION

I declare under penalty of perjury subject to 28 U.S.C. § 1746 that all of the information provided in this Plaintiff Profile Form is true and correct to the best of my knowledge, I have supplied all the documents requested in part XI of this Profile Form to the extent that such documents are in my possession, custody, or control, or in the possession, custody, or control of my lawyers, and I have supplied the authorizations attached to this declaration.

Janice Y. Dotson Janice Y. Dotson 8/16/08
Signature Print Name Date

EXHIBIT A

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize John Vargo DDS MS to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Dr. Dianna Lenick to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Dr. Mark Piper to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Dr. William Scaring to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Sunita Greenberg, MD to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize G. Robert Thompson, M.D. to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Medco to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize L. Edward Eckley III DDS MS to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Dr. David Wise - Facial Surgery Center existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Thomas A. McGraw, DMD to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Richwood Area Community Hospital to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Greenbrier Clinic to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Charleston Area Medical Center to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Duke University Medical Center to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize Dr. Douglas O'Dell to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

Crowley, Gollehon & Farrell

I hereby authorize Garup, Misiek, Spagnoli, to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize William L. Harris, MD to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize _____ to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

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statements, eligibility material, claims or claim disputes, resolutions and payments, Medical and/or Dental records provided as evidence of services provided, and any other documents or things pertaining to services furnished under Title XVII of the Social Security Act or other forms of public assistance (federal, state, local, etc.). This listing is not meant to be exclusive.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize _____ to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize _____ to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

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In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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7/10/08
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[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

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United States District Court, Southern District of New York
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Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

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United States District Court, Southern District of New York
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I intend that this authorization shall be continuing in nature. If information responsive to this authorization is created, learned, or discovered at any time in the future until the conclusion of the litigation, either by you or another party, you must produce such information to the Receiving Parties at that time. I understand that I have the right to revoke in writing my consent to this disclosure at any time, except to the extent that the above-named facility or provider already has taken action in reliance upon this authorization, or if this authorization was obtained as a condition of obtaining insurance coverage. I further understand that the above-named facility or provider cannot condition the provision of treatment, payment, enrollment in a health plan or eligibility for benefits on my provision of this authorization. I further understand that information disclosed pursuant to this authorization may be subject to redisclosure by the recipient to its clients, agents, employees, consultants, experts, the court, and others deemed necessary by the recipient to assist in this litigation.

Any photostatic copy of this document shall have the same authority as the original, and may be substantiated in its place. Copies of these materials are to be provided at the expense of Waller Lansden Dortch & Davis, PLLC, counsel for Merck & Co., Inc. Copies of any records obtained will be provided, per agreement, to my legal counsel.

Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Name: Janice Y. Dotson

Date of Birth: 10/16/39

Social Security Number: 233-62-0845

I hereby authorize _____ to release all existing medical and/or dental, orthodontic, periodontic, oral surgery and/or related records (Medical and/or Dental records) regarding the above-named person's Medical and/or Dental care, treatment, physical condition, and/or Medical and/or Dental expenses to the law firm of WALLER LANSDEN DORTCH & DAVIS, PLLC 511, Union Street, Suite 2700, Nashville, Tennessee 37219 (counsel for Merck & Co., Inc.), or its designated agent(s) ("Receiving Parties"). These records shall be used or disclosed solely in connection with the currently pending litigation involving the person named above. This authorization shall cease to be effective as of the date on which the above-named person's litigation concludes.

I understand that the health information being used/disclosed may include information relating to the diagnosis and treatment of Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), sexually transmitted disease and drug and alcohol disorders.

This authorization includes Medical and/or Dental records, kept in either hardcopy or electronic form, and also includes, but is not limited to, bone marrow pressure testing, PET scans, bone mineral density testing, micro-CT scans, mechanical testing, FE modeling, testing related to changes in mineral content or quality, testing related to changes in bone density, thickness, or height, bone scan results, bone biopsy results, microbial culture testing, urinary N-telopeptide testing, serum bone-specific alkaline phosphatase testing, x-ray reports, CT scan reports, MRI scans, EEGs, EKGs, sonograms, arteriograms, discharge summaries, photographs, surgery consent forms, admission and discharge records, operation records, doctor and nurses notes, referral forms, prescriptions, medical bills, dental bills, invoices, histories, diagnoses, narratives, and any correspondence/memoranda and billing information. It also includes, to the extent such records currently exist and are in your possession, insurance records, including Medicare/Medicaid and other public assistance claims, applications,

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Date:

7/10/08
Jamie Y. Detson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

In Compliance With the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF MEDICAL AND/OR DENTAL RECORDS

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Date of Birth: 10/16/39

Social Security Number: 233-62-0845

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Date:

7/10/08
Jamie Y. Dotson
[PLAINTIFF OR REPRESENTATIVE]

If a representative, please describe your relationship to the plaintiff and your authority to act on his/her behalf:

EXHIBIT D

Form Approved
OMB No. 0960-0566

**Social Security Administration
Consent for Release of Information**

Please read these instructions carefully before completing this form.

When to Use This Form Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

How to Complete This Form

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PAPERWORK REDUCTION ACT: Paperwork Reduction Act Statement: This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. The office is listed under U. S. Government agencies in your telephone directory or you may call 1-800-772-1213 for the address. You may send comments on our estimate of the time needed to complete the form to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form Approved
OMB No. 0960-0566

Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Janice Y. Dotson

10/16/1939

233-62-0845

Name

Date of Birth

Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME

Venable LLP

Two Hopkins Plaza, Suite 1800

ADDRESS

Attn: Christina Gaarder

Baltimore, Maryland 21201

I want this information released because:
For purposes of personal injury litigation.

(There may be a charge for releasing information.)

Please release the following information:

- Social Security Number
- Identifying information (includes date and place of birth, parents' names)
- Monthly Social Security benefit amount
- Monthly Supplemental Security Income payment amount
- Information about benefits/payments I received from _____ to _____
- Information about my Medicare claim/coverage from _____ to _____
(specify) _____
- Medical records
- Record(s) from my file (specify) Records pertaining to my claims for disability benefits, such as my requests for disability benefits or administrative hearing records and determination
- Other (specify) _____ based upon any applications for disability benefits.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature:

(Show signature, name, and address of two people if signed by mark.)

Date: 8/16/08 Relationship: _____

EXHIBIT I

Janice Y. Dotson

Full Name

233-62-0845

Social Security Number

10/16/1939

Date of Birth

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF HEALTH INSURANCE RECORDS

To: Medicare

Name of Health Insurance Carrier

Address

City, State, Zip Code

I hereby authorize the law firm of VENABLE LLP, Two Hopkins Plaza, Suite 1800, Baltimore, Maryland 21201 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Parties"), to be furnished copies of my entire insurance file, including but not limited to any and all health insurance questionnaires, claims made by or against me, and any documents discussing, describing, or explaining the investigation and processing of that claim and all other pertinent documents, including all medical records or memoranda. The defendant has agreed to pay reasonable charges to supply copies of such records.

This authorization is being given at my request in conjunction with the civil litigation matter listed above. Therefore, this authorization shall expire upon the final resolution by all parties of the aforementioned civil litigation, either by final adjudication, final settlement agreement, final judicial dismissal, or by other final judicial order, including but not limited to the resolution of any and all appeals. Until then, this authorization shall be considered as continuing, and you may rely on it in all respects unless and until you have been advised by me in writing to the contrary. Please note that this authorization also permits you to release any records created or obtained by you after the date of execution of this authorization.

It is expressly understood and not intended by the undersigned that you are hereby authorized to accept a copy or photocopy of this authorization with the same validity as though an original had been presented to you.

Janice Y. Dotson

Name

Janice Y. Dotson

Signature

10/16/39

Date of Birth

8/16/8

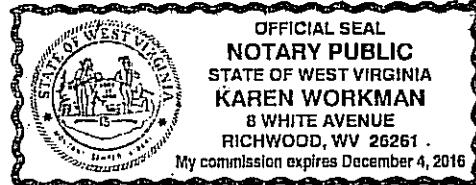
Date Signed

Description of Legal Guardian/Personal Representative's authority to act for Patient

Subscribed and sworn to before me this 11th day of August, 2008

My Commission Expires:

Karen Workman
Notary Public



Janice Y. Dotson

Full Name

233-62-0845

Social Security Number

10/16/1939

Date of Birth

In re: Fasamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF HEALTH INSURANCE RECORDS

To:

Name of Health Insurance Carrier

Address

City, State, Zip Code

I hereby authorize the law firm of VENABLE LLP, Two Hopkins Plaza, Suite 1800, Baltimore, Maryland 21201 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Parties"), to be furnished copies of my entire insurance file, including but not limited to any and all health insurance questionnaires, claims made by or against me, and any documents discussing, describing, or explaining the investigation and processing of that claim and all other pertinent documents, including all medical records or memoranda. The defendant has agreed to pay reasonable charges to supply copies of such records.

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Janice Y. Dotson

Name

Janice Y. Dotson

10/16/39

Signature

Date of Birth

8/16/18

Date Signed

Description of Legal Guardian/Personal Representative's authority to act for Patient

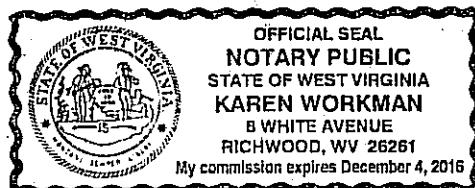
Subscribed and sworn to before me this 11th day of August, 2008

My Commission Expires:

Dec 4, 2016

Karen Workman

Notary Public



Janice Y. Dotson

Full Name

233-62-0845

Social Security Number

10/16/1939

Date of Birth

In re: Fasamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF HEALTH INSURANCE RECORDS

To:

Government Employee Health Assoc

Name of Health Insurance Carrier

PO Box 2336

Address

Independence, MO 64051-2336

City, State, Zip Code

I hereby authorize the law firm of VENABLE LLP, Two Hopkins Plaza, Suite 1800, Baltimore, Maryland 21201 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Parties"), to be furnished copies of my entire insurance file, including but not limited to any and all health insurance questionnaires, claims made by or against me, and any documents discussing, describing, or explaining the investigation and processing of that claim and all other pertinent documents, including all medical records or memoranda. The defendant has agreed to pay reasonable charges to supply copies of such records.

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Signature

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Date of Birth

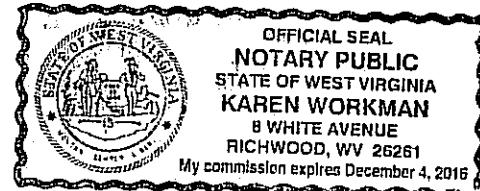
8/16/18

Date Signed

Description of Legal Guardian/Personal Representative's authority to act for Patient

Subscribed and sworn to before me this 16 day of August, 2008

My Commission Expires:



Janice Y. Dotson

Full Name

233-62-0845

Social Security Number

10/16/1939

Date of Birth

In re: Fosamax® Products Liability Litigation
United States District Court, Southern District of New York
Case No. 1:06-MD-1789-JFK-MHD

AUTHORIZATION FOR RELEASE OF HEALTH INSURANCE RECORDS

To: Blue Cross Blue Shield WV

Name of Health Insurance Carrier

PO Box 34010

Address

Washington, DC 20043

City, State, Zip Code

I hereby authorize the law firm of VENABLE LLP, Two Hopkins Plaza, Suite 1800, Baltimore, Maryland 21201 (counsel for Merck & Co., Inc.), or their designated agent(s) ("Receiving Parties"), to be furnished copies of my entire insurance file, including but not limited to any and all health insurance questionnaires, claims made by or against me, and any documents discussing, describing, or explaining the investigation and processing of that claim and all other pertinent documents, including all medical records or memoranda. The defendant has agreed to pay reasonable charges to supply copies of such records.

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Janice Y. Dotson

Janice Y. Dotson

10/16/39

Name

Signature

Date of Birth

8/16/08

Date Signed

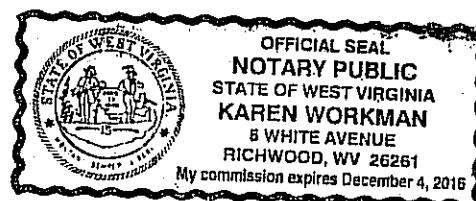
Description of Legal Guardian/Personal Representative's authority to act for Patient

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Karen Workman

Notary Public

My Commission Expires: *Dec. 4, 2016*



PATIENT NAME

TANICE DOTSON

PATIENT ACCOUNT NO.

MEDICAL
ALERT

ORD OF TREATMENT

FMX 3/07

5/20/07

Initial Interview + Exam

FMX

casts - protrusive + CR Bits

Photo

- history of double jaw & x advancements to alleviate sleep apnea

- pt. has jaw + joint pain

- loose bridge

- has seen Dr. Piper - R+L joints 5.3a,

4/31/07

CONSULT

Dr D submitted

4-25-07 3 DOB

core

5 MODBL

core

8 MODBL

extensive decay (see d at implant placement)

9 F

core

10 FD

core

12 3-12

temp A1

3 cap citanest

2 cap maxcure

apt lasted 9:30 - 3:15 pt very cooperative

called patient - she is doing very well - appreciated the care we gave her

cne / pmr to hi noble crown shade 4M 2.5

4L2

4M1

30

MT - comp to gain occlusion

78

BT cap

19

BT cap

1 cap citanest

imp for E-splint

6-13-07

Scale splint Ein - Exam

TC

Rev. flossing

OH = fairly good. Recd Gmo recall

29

20

insert - Relix-X

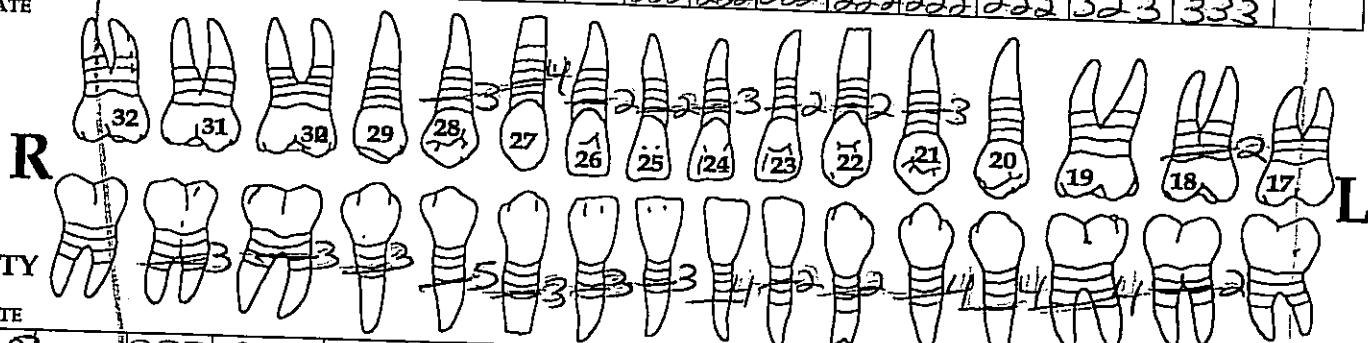
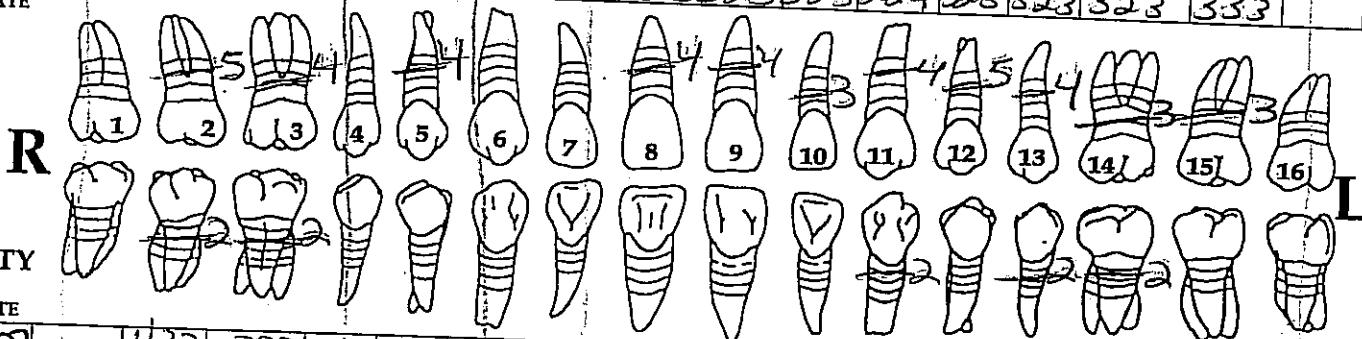
insert - max portion of E-splint new lower temp: lower did not fit

PATIENT NAME
Janice Dotson
PATIENT ACCOUNT NO.

RECORD OF TREATMENT

DATE	TOOTH NO.	SURFACE	ADA CODE	PROCEDURE	FEE
7-19-07				pt called w/sens to touch 2 teeth on lower left side - feels ok when she wears bleach tray - pt states that she feels the teeth may not be hitting together truly. Pt insert - found 1/2 of E-splint st lost my component of E-splint	
8-25-07				J. Vargo placed her or another round of antibiotics - tissue swollen & around #6 new temp fe - E-splint pt requested need bleaching tray	
9-15-07				charged lab fee only for E-splint Scale, polish Em, Exam ic -	
12-3-07				No mid Hn changes O/H = fair good - Catching Some food/particles around temps. Pt saw Dr. Vargo today He x-rayed upper arch Concerned with one implant will PT in Feb again. - pt brought E-splints - tooth 6 DC adjusted: reversed temp 9-3 until temp good	
12-17-07				temp reinserted with Tempbond implant #6 failing - discussed placing implant #7 - ? graft 6 or remove #6	
3-6-08-3-9				Amx 500 mg + 30 tabs 2 refills pt spoke today of graft over she is constantly aware of points to right side no socs 18477	
4-8-08				LM with patient & husband to have pt schedule a follow up apt at J. Vargo office	
5-27-08					

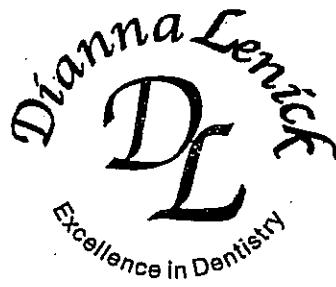
NAME Janice Dotson



DATE 3-20-07 333 323 222 223 333 222222 222 222 222 222 222 222 223 333

Jamie
8-20-08
F

D.R.D.C.G.E
1911 regular
S. L.A.
30

Dianna L. Lenick DDS

Aesthetic and Reconstructive
Dentistry

Treatment Plan and Estimated Fees

March 23, 2007

For: Janice Dotson

General Considerations:

Janice, you present with a complex restorative and TMJ case following double jaw advancement for sleep apnea. It is necessary to stabilize the bite in temporary restorations first to establish a decrease in pain and increase in comfort; as well as, improved esthetics.

We will work with Dr. Piper and yourself to determine when permanent restorations can be placed.

Treatment Sequence:

- ~~Schedule~~ Removal of all crown and bridge on the upper arch, removal of decay, and placement of cores where needed and then a temporary bridge from the upper right to the upper left.
- +25 2. Adjustment of the bite to balance the forces on the teeth. This will require reshaping of some teeth and adding bonding material to a lower right tooth.
 3. Re-evaluate bite and esthetics of the temporary. Adjust where necessary. Impressions for E-splint
 4. Referral to Dr. John Vargo (Periodontist) for implant placement #6
 5. #29 (lower right second bicuspid) core/crown
 6. ? bleach lower teeth
 7. Dr. Vargo to uncover the implant area #6 and I will fabricate a new temporary restoration on the upper arch and allow the tissue to heal around the implant for six weeks.
 8. Final impression of the upper crowns, bridge, implant crown
3 x 5, implant crown 6 x, 8, 9, 10, 11, 12
 9. Impressions for E-splint

Re-evaluate all untreated teeth when the above is completed.

The estimated fees for the above treatment are:

- Dr. Lenick \$17160.00
- Dr. Vargo \$ 1600.00
- Lab Fee \$3500.

Please sign and date below to acknowledge that we have discussed the above treatment.
You are not obligated to accept treatment.

Responsible Party

Jamie Y. Dotson Date 4/3/07



Mark A. Piper, M.D., D.M.D.

May 23, 2007

Dianna Lenick, DDS
1311 Quarrier St
Charleston, West VA 25301

PATIENT NAME: Janice Dotson

Temporomandibular
Joint Disorders

Jaw and Facial
Deformities

Complex Regional Pain
Syndrome Management

Jaw Ankylosis

Facial Bone Fractures
and Reconstruction

Revision of Failed
Bite & TMJ Surgery

Facial Cosmetic
Surgery

Oral Cancer
Reconstruction

Cleft Palate
Deformities

Dear Dr. Lenick:

Thank you for your letter from April 8, 2007, summarizing your treatment plan for Janice Dotson.

As you know, I had evaluated her in March of 2007. At that time, I did feel she was suffering from Complex Regional Pain Syndrome Type I. Although, this entity is not an absolute contraindication for dental implants, you should be acutely aware of any hyperesthesia following dental treatment. Such a presentation could require treatment for this type of pain.

In addition, there is a possible family history of malignant hyperthermia. I had asked her to get this checked to minimize her risk of this potentially fatal condition affecting her during an anesthesia procedure. You may want to follow through to see if she had this checked.

I hope all is going well.

Sincerely,

Mark A. Piper, MD, D.M.D.

Stamped in Absence

MAP:du

cc: Janice Dotson

D: 05/23/07

T: 05/24/07

0284.MAP052307_PIPR2169-PIPR2197.CP.3

111 Second Avenue NE
Suite 1006
St. Petersburg, FL 33701
Phone: 727.823.3220
Fax: 727.823.7284

Dianna L. Lenick DDS

Aesthetic and Reconstructive
Dentistry

Dr. Mark Piper
111 Second Avenue NE
Suite 1006
St. Petersburg, Florida 33701

Re: Janice Dotson
April 8, 2007

Dear Dr. Piper,

Mrs. Dotson presented for consultation on March 20, 2007; she was referred by Dr. Timothy Ray. Her primary complaint was bilateral jaw pain, which has been present since her maxillary and mandibular osteotomies in March of 2005. Her secondary complaint was her appearance, also changed since her surgeries.

I explained to Ms. Dotson that I felt we could establish a decrease in pain and increase in comfort; as well as, improved esthetics in temporary restorations. The temporary restorations would be utilized for a significant length of time to access the stability and comfort.

Treatment Plan:

1. Removal of all crown and bridge on the upper arch (#3 to #12), removal of decay and placement of cores where needed and then placement of a temporary bridge.
2. Adjustment of the bite to balance the forces of the teeth. This will require reshaping of some teeth and adding bonding material to others.
3. Re-evaluate the bite and esthetics. Impressions for E-splint
4. Referral to Dr. John Vargo (periodontist) for implant placement #6.
5. #29 core/crown
6. Dr. Vargo to uncover the implant area #6 and I will fabricate a new temporary restoration on the upper arch and allow the tissue to heal around the implant for six weeks.
7. Final impression of the upper crowns, bridge and implant crown.
8. Insert case and take impressions for E-splint

Mrs. Dotson is scheduled to begin treatment later this month. If you have any questions or concerns, please feel free to call.

Yours,

A handwritten signature in black ink, appearing to read "dianna lenick".

Dianna L. Lenick, DDS

Cc: Dr. Timothy Ray

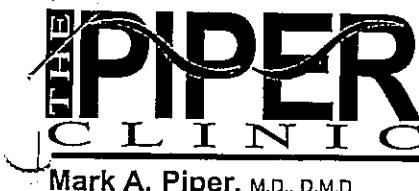


CHART NARRATIVE ON PATIENT JANICE DOTSON

February 16 2007

Temporomandibular Joint Disorders
Jaw and Facial Deformities
Complex Regional Pain Syndrome Management
Jaw Ankylosis
Facial Bone Fractures and Reconstruction
Revision of Failed Bite & TMJ Surgery
Facial Cosmetic Surgery
Oral Cancer Reconstruction
Cleft Palate Deformities

Ms. Dotson is a 67-year-old female from Richwood, West Virginia who initially presented for consultation at the Piper Clinic on February 12, 2007. She was referred by Dr. Timothy Ray. Her primary complaint was bilateral jaw pain, which has been present since her maxillary and mandibular osteotomies in March of 2005.

HISTORY OF PRESENT ILLNESS: Further review of her history reveals that the patient had a maxillary and mandibular osteotomy with placement of cadaver bone on March 8, 2005 in West Virginia due to her severe sleep apnea. She states both jaws were pulled forward one half inch. Postoperatively, she developed bilateral jaw pain and malocclusion. Her sleep apnea did improve after the surgery. In addition to jaw pain, she has occasional headaches. She also complains of posterior neck pain. She has had neck pain since 1979 due to a motor vehicle accident, in which she sustained a cervical fracture. Currently her neck pain has worsened. She has been seen by several specialists for her complaint of jaw pain. Dr. McGraw at Duke University referred her to Dr. Tucker in North Carolina for an evaluation. It was suggested that she have another osteotomy for cosmetic reasons. Due to some problem with insurance this surgery was not done. She was also seen by an orthodontist, then a TMJ specialist, who made a splint for her. She has worn an upper splint for over six months, which helps to support her teeth and alleviate some of her jaw pain. At the time of this initial consult, she placed her jaw pain level bilaterally at 8/10 at best and 9/10 at worst. She described her pain as aching, which is constant. Her pain is worse in the afternoon and evening. She states she is always cold and has occasional right upper extremity numbness. She denies sustaining any childhood injuries. In December of 1979, she was involved in a motor vehicle accident, in which she sustained a laceration to her forehead that required sutures. She was diagnosed with a cervical and right wrist fracture. Taking pain medications and sleeping help to improve her pain symptoms. Her pain is aggravated with chewing anything other than soft foods. Darvocet takes the edge off her pain symptoms. It hurts to chew and to open wide. She maintains a soft diet. Her jaw makes a popping noise bilaterally and a clicking noise on the right. She first noticed these jaw joint noises after her osteotomy in March of 2005. Her jaw has never locked. She feels as if her right lower jaw slipped after surgery. Since surgery, her bite has been off and she hits heavy on the right. She has noticed profile changes as her jaw has receded. She also noticed asymmetry, as her chin has deviated to the right. All her teeth are sensitive to cold temperatures. She has had numbness in her upper lip and chin since her surgery in March of 2005. She does not clench or grind her teeth. She has intermittent bilateral ear ringing secondary to Ménière's disease that was diagnosed over fifteen years ago. She has occasional dizziness that causes an unsteady balance. She has decreased hearing acuity. It is not difficult or painful to swallow. She has noticed lumps in her throat and neck. She has bridges and one crown.

111 Second Avenue NE
Suite 1006
St. Petersburg, FL 33701
Phone: 727.823.3220
Fax: 727.823.7284

Dotson 10

JANICE DOTSON

February 16, 2007

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PAST MEDICAL HISTORY: Her general medical history is significant for environmental allergies, osteoarthritis primarily in the hands, bruising easily, dizziness, hypertension, anxiety, depression, thyroid disease, hyperlipidemia, and jaw joint pain. She recalls that her mother was packed in ice during surgery for a placement of Greenfield filter at the age of 60. She believes her mother may have had malignant hyperthermia. She mentions that something went wrong with anesthesia during her osteotomies in March of 2005.

PAST SURGICAL HISTORY: Appendectomy age 30, maxillary and mandibular osteotomy with cadaver bone placement March 2005, and cosmetic surgery/face lift.

SOCIAL HISTORY: Denies nicotine or alcohol use.

ALLERGIES: No known drug allergies.

MEDICATIONS: Hyzaar once daily, Spironolactone 25mg once daily, Norvasc 5mg once daily, Synthroid 50mcg once daily, Lexapro 10mg once daily, Darvocet-N 100 p.r.n., Vytorin 10/20mg once at night, Limbitrol once at night, Ambien 10mg q.h.s., and Xanax 5mg for anxiety.

EXAM FINDINGS: Regional evaluation on the day of initial exam revealed mild pain in the vertical, transverse, and horizontal temporalis, suprathyoid, infrathyoid, and SCM bilaterally. Moderate pain was palpated in the masseter origin, insertion, and belly and greater occipital bilaterally. Range of motion measurements showed comfortable opening 39mm, full opening 46mm, and protrusion 7mm. Excursion right was 10mm and excursion left 11mm. Occlusal examination showed unmanipulated and manipulated prematurity at the right second bicuspid. Overjet 7mm. Angle classification was Class II by 5-6mm at the right cuspid and Class II by 2mm at the left cuspid. There was a posterior left cross-bite pattern. The maxillary was 2mm to the left of the midline. Oral soft tissue exam revealed a loose bridge from tooth #4 through #8. Teeth #9, #10, #11, #13, and #21 were mobile. Tooth #14 and #15 showed slight mobility. Nasal cartilage was dislocated to the right. Neck exam showed no adenopathy or thyromegaly. Salivary gland exam of the parotid, submandibular and sublingual glands revealed normal findings. Facial skeletal measurements of the medial canthus to cuspid were 55mm on the right and 56mm on the left. Ramus height was 50mm on the right and 53mm on the left. The mandibular incisor was 2-3mm to the right. The chin was 4-5mm to the right and the nasal tip was 2-3mm to the right of the facial midline. Joint examination showed mild capsulitis bilaterally. There was an opening click bilaterally. Pain-to-load testing was light bilaterally.

JANICE DOTSON

February 16, 2007

Page3

Doppler/TMJ Scale: Diagnostic testing done on the day of initial exam included a Doppler evaluation of the TM joints, which showed normal blood flow at the right and left TM joint with fine crepitus with bilateral translation. A TMJ scale was also performed, which showed "This patient appears to have a TM disorder. The physical symptom picture is characterized by significant dysfunction in Pain Report, Palpation Pain, Perceived Malocclusion, Joint Dysfunction and Range of Motion Limitation, and borderline dysfunction in no particular area. A non-TM disorder is indicated. Psychological factors appear to be playing a significant role. Stress levels are high. The potential for chronic problem appears significant."

A CT was also taken of the temporomandibular joints; please see CT dictation for details.

Denise Palazzola, ARNP

DP:js

D: 02/16/07

T: 02/17/07

cc: Dr. Timothy Ray
2401 N. Ocoee
Cleveland, TN 37311

SCAN EVALUATION - (Patient Reference)

Date: February 13, 2007

PATIENT NAME: Janice Dotson SEX: Female

DOB: October 16, 1939

AGE: 67

REFERRING DOCTOR: Timothy Ray

DATE INTIAL CONSULT 2.12.07

TYPE OF SCAN EVALUATION:

 MRIDate 2.12.07Facility Baywalk MRI

Date _____

Facility _____

 CTDate 2.12.07Facility Piper Clinic

Oriented to MRI Scan anatomy with: TMJ Model TMJ Diagrams Surgery Photo Book Skull

* TI View - edge to edge PD view - manipulated *

Left TMJ

 Disc WNL Disc displaced (mild, moderate, severe) Medial Lateral Disc recapture Full Partial None Disc degeneration None Mild Moderate Severe Effusion Condylar edema Avascular Necrosis Osteochondritis Dissecans Osteochondrosis Condyle shape Normal Flat Irregular Condyle size Normal Small Tiny Evidence of scar Disc Condyle Other

Right TMJ

 Disc WNL Disc displaced (mild, moderate, severe) Medial Lateral Disc recapture Full Partial None Disc degeneration None Mild Moderate Severe Effusion Condylar edema Avascular Necrosis Osteochondritis Dissecans Osteochondrosis Condyle shape Normal Flat Irregular Condyle size Normal Small Tiny Evidence of scar Disc Condyle

* Other condyle segment that shifted out towards the lateral

Brain/Face:

 Sinus Disease Brain Lesion Salivary Gland Lesion

WNL

 Osteochondrosis Muscle Hypertrophy Irregular Muscle Atrophy Tiny OtherPIPER CLASSIFICATION OF TMJ PATHOLOGY:

LEFT I II IIIa IIIb IVa IVb Va Vb

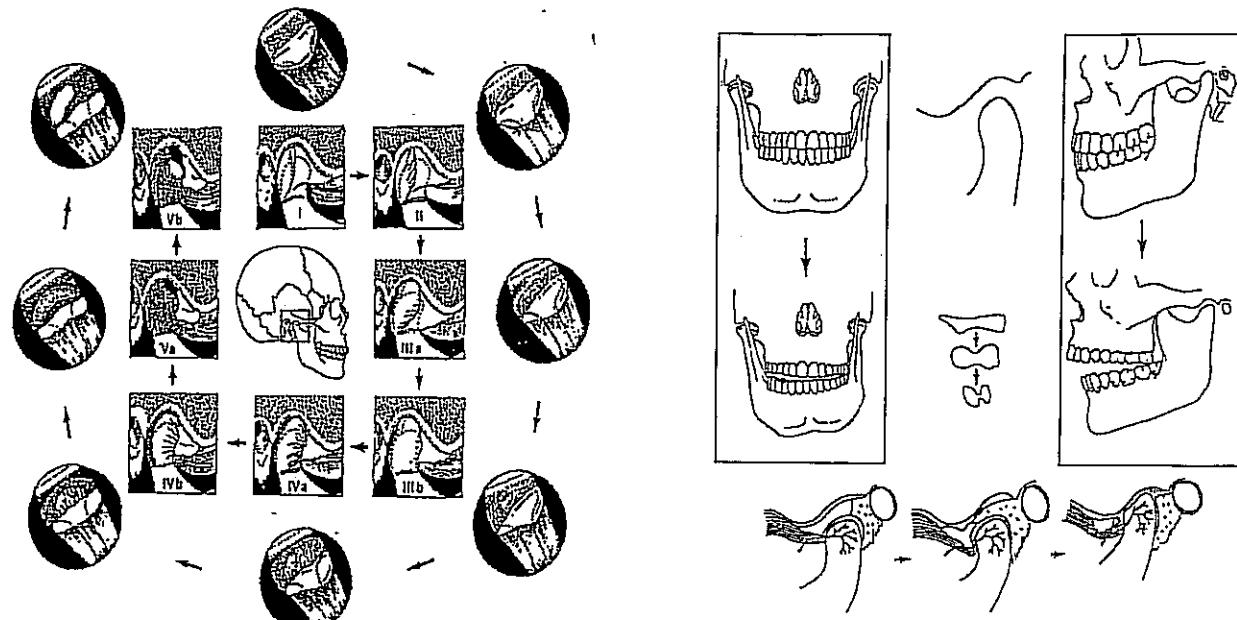
RIGHT I II IIIa IIIb IVa IVb Va Vb

Lawson Stage 1 1a 2 2a 3 4

The diagram below illustrates stages of TMJ breakdown

You are presently at Piper Stage _____ Left TMJ and Piper Stage _____ Right TMJ

PIPER'S CLASSIFICATION OF TMJ PATHOLOGY



Newtom CT SCAN: Sinuses w/nz

articular Space - narrowed in both joints
bone looks ok (2) - bone on the (C) could have some active arthritis.

(2) Delta - shorter than normal Spt has Retromognathic mandible.

Osseta - shorter than normal
curvature - normal - actually larger than normal.

Bone looks like its healed Reasonably well around previous Osteotomy sites.

Maxilla - weaker bone. plates are placed very high - probably a sign that pt didn't have good bone.

pts bone marrow has pretty good calcification

February 12, 2007

TREATMENT OPTIONS: No intervention. Conservative treatment: Anti-inflammatory and/or other medications Lyrica SPLINT THERAPY: Standard SRS Increased Vertical Aqualizer S M L Equilibration Limited chewing and use of jaw Physical Therapy Pain Management Stellate Blocks L R Surgery: Arthroscopy: L R Bi Cleanses the jaw joint of adhesions (scar tissue) and tissue debris and allows a clearer view of internal pathology in the joint. This does not reposition the disc. Arthroplasty: L R Bi Open surgery which involves an incision along the tragus of the ear. This procedure may include a **Corticotomy** (decompression of the condylar bone) and/or a **Myotomy** (release of the temporalis muscle). Repair: L R Bi Recontouring of the disc and surrounding anatomy. Meniscectomy: L R Bi Removal of the TMJ disc and recontouring of surrounding anatomy. Ankylosis: L R Bi TMJ problem which involves a fused joint. This may be from fibrous scar or abnormal bone formation. Options for treatment may include arthroplasty, bone liners and radiation or fat graft. Fat Graft L R Bi

The long-term prognosis of these options may include an increase in pain while the joint(s) continue to break down and remodel. Eventually there may be a reduction in pain with occasional flare-ups associated with increased arthritis and joint deterioration.

NOTES _____

RECOMMENDED SURGERY:

LTMJ: ____ % chance of repair ____ % chance of disc removal ____ % chance of failure

RTMJ: ____ % chance of repair ____ % chance of disc removal ____ % chance of failure

PROJECTED PAIN REDUCTION: L TMJ ____ % R TMJ ____ %

(THIS IS NOT A GUARANTEE. PAIN SYMPTOMS AND MOVEMENT COULD WORSEN)

SURGERY: Approximately 1 – 2 hours operating time for each side. The hospital stay is 1 to 2 days for open joint surgery. If arthroscopy is performed, the patient typically is discharged on the day of surgery. Risks include anesthetic risk, bleeding, infection, nerve damage and bite alteration. See Consent Form.

POSTOPERATIVE: Possibly 2 to 4 weeks of physical / chiropractic therapy. Approximately nine months of splint wear. Variable time on medications. After that, any of these may be prescribed on an as needed basis. No chewing for 6-12 months. Office visits every 3 months for the first year, every six months for the second year, and periodically thereafter as needed with x-rays to follow changes of the joints that occur during healing.

Patient Name: Dotson, Janice

Page 4

Date: February 12, 2007

HANDOUTS:

- | | |
|---|--|
| <input type="checkbox"/> Microsurgery | <input type="checkbox"/> Proplast |
| <input type="checkbox"/> Mandibular Retruson | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Whiplash | <input type="checkbox"/> Krames - TMJ |
| <input type="checkbox"/> Facial Skeletal Remodeling | <input type="checkbox"/> Krames - Orthognathic |
| <input type="checkbox"/> Fibromyalgia #1 | <input type="checkbox"/> Mobilization |
| <input type="checkbox"/> Fibromyalgia #2 | <input type="checkbox"/> Splint Guidelines |
| <input type="checkbox"/> Smoking #1 | <input type="checkbox"/> Daily Diary |
| <input type="checkbox"/> Smoking #2 | <input type="checkbox"/> Piper Triad Diagrams |

SCAN STATUS: Retained by Dr. Piper Returned to patient Dr. Piper's films loaned to patientPA: Initiated this date Patient to see Financial this dateStage Code: TMRC TMRS TPRNDIAGNOSIS CODES: 351.8, 830.0

PROCEDURE and CODES: _____

DATE OF SURGERY: _____

DATE/TIME OF HISTORY & PHYSICAL: _____

DATE/TIME 1ST POSTOP APPOINTMENT: _____

DATE/TIME 2ND POSTOP APPOINTMENT: _____

HISTORY & PHYSICAL PAPERWORK TO PATIENT: TMJ OSTEOTOMYMRI

	T1 Lateral Closed	T1 Medial Closed	T2	Coronal	Open
Left					
Right					

ASSISTANT

MARK A. PIPER, M.D., D.M.D. Dotson 16

Patient Name: Janice Dotson

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pts joint problem looks longstanding.
 pt did have a retrognathic mandible this could have decreased
 pts airway space, then the previous osteotomies helped bring
 jaw out & helped the airway.

(1) tmj - disc is fully dislocated has been out of place for years
 the disc has degenerated.

pt has bone on bone, bone looks good.

the disc is shifting inwards & these type of dislocations can cause
 more pain.

(2) tmj - the condyle is shifted out towards the side - this is a strain
 disc fully dislocated + degenerated
 bone on bone

the disc has shifted towards the medial pole like the (1) side.

pt had injury to the joints. Previous surgery could have put a
 strain on the joints that caused pain.

condyle bones are stable right now.

ts pain around teeth sounds like neuralgia type pain, highest
 prob. is pain is coming from more localized maxillary pain.

If bone instability & pain in tmj's occurred later then fat graft
 option would be open.

map doesn't think surgery is needed at this time.
 can rescan TMJ & MRI in 1yr to ck stability.

pt's nasal septum is a mess - this needs to be addressed.
 pharyngeal space is great.

pt's bite isn't perfect - if we tried to fix it fully, it would require
 tooth movement & surgery to advance lower jaw.
 this would be a lot of work.

could try and make teeth fit better for function with rebuilding
 the teeth.
 this would be simplest way & less strain on the teeth.

with neuralgia pain around maxilla can try Lyrica
 can trial this! It needs to be managed locally by family
 doctor. map can put this in report of diff. needs to doctor.

pt could have some cross over pain from the joint, no but its
 more likely to be localized

ent: Janice Dotsen

Page: 6

(cont'd):

pt does have layered pain - the most dominant source is the neuralgia pain. pt has muscle pain & neck pain.

Can monitor pt over time for sympathetic pain - map feels pt prob. doesn't have this.

Cons tx: ① meds, PT on neck, access bite & DDS simplest treatment

If overtime pain was intolerable & cons tx didn't help then could look at Surg.

pt is at risk of malignant hyperthermia, because of hx in family.

pt should get a follow up on this if Surg. were going to be done. we can give literature to pt on this.

the original bone on the base of the nose that is off center

the plates could be irritating things also - but removing them could be of concern because of stability of the bphl.

25% chance that fatgraft is needed in future.

If pt has any side effects from PT. Will do neck scan 1st through family doctor

- ② ① pt to flu w/ family dr on meds: Lyrica for neuralgia pain
- ③ Map to send report to family doctor on med management
- ④ pt to have w/ u on malignant hyperthermia
- ⑤ Map to contact previous surgeon to find out stability of maxilla if bone plates removed.
- ⑥ Flu w/ DDS to access teeth/bite - map prefers building up teeth to help bite. map wants tx plan before work is done.
- ⑦ pt can get evaluated for Septum work.
- ⑧ Rescan MRI in 1 yr. check stability
- ⑨ Phapt c maple st wks, see how pts doing w/ meds,
- ⑩ map needs DDS tx plan for phapt
- ⑪ pt to watch

J. Dotsen

Dotsen 18

Dianna L. Lenick, D.D.S.
1311 Quarrier Street
Charleston, WV 25301

Office Phone: 304-342-6918

Janice Dotson
73 Ave. A
Richwood, WV 26261

Account history for patient Janice Dotson from 03-01-07 to 06-10-08, printed on 06-10-08
(this is not a statement)

Date	Patient	Description	Amount	Total
03-20-07	Janice	Balance as of 03-01-07	0.00	0.00
03-20-07	Janice	Occlusion Analysis-mounte	182.00	182.00
04-03-07	Janice	Infection Control	5.00	187.00
04-25-07	Janice	Consultation (diagnostic	0.00	187.00
04-25-07	Janice	provisional (#3)	295.00	482.00
04-25-07	Janice	provisional (#4)	295.00	777.00
04-25-07	Janice	provisional (#5)	295.00	1,072.00
04-25-07	Janice	provisional (#6)	295.00	1,367.00
04-25-07	Janice	provisional (#7)	295.00	1,662.00
04-25-07	Janice	provisional (#8)	295.00	1,957.00
04-25-07	Janice	provisional (#9)	295.00	2,252.00
04-25-07	Janice	provisional (#10)	295.00	2,547.00
04-25-07	Janice	provisional (#11)	295.00	2,842.00
04-25-07	Janice	provisional (#12)	295.00	3,137.00
04-25-07	Janice	Core Buildup, Including A (#3)	296.00	3,433.00
04-25-07	Janice	Core Buildup, Including A (#5)	296.00	3,729.00
04-25-07	Janice	Core Buildup, Including A (#8)	296.00	4,025.00
04-25-07	Janice	Core Buildup, Including A (#9)	296.00	4,321.00
04-25-07	Janice	Core Buildup, Including A (#10)	296.00	4,617.00
04-25-07	Janice	Core Buildup, Including A (#12)	296.00	4,913.00
04-25-07	Janice	Occlusal Adjustment-compl	962.00	5,875.00
04-25-07	Janice	RESIN ONE SURFACE-POSTERI (#30 B)	246.00	6,121.00
04-25-07	Janice	Infection Control	5.00	6,126.00
05-10-07	Janice	Core Buildup, Including A (#29)	296.00	6,422.00
05-10-07	Janice	Crown-porcelain Fused To (#29)	825.00	7,247.00
05-10-07	Janice	Occlusal Guards, By Repor	691.00	7,938.00
05-10-07	Janice	RESIN ONE SURFACE-POSTERI (#30 M)	246.00	8,184.00
05-10-07	Janice	RESIN ONE SURFACE-POSTERI (#18 B)	246.00	8,430.00
05-10-07	Janice	RESIN ONE SURFACE-POSTERI (#19 O)	246.00	8,676.00
05-10-07	Janice	Infection Control	5.00	8,681.00
06-11-07	Janice	Secondary Insurance filed	0.00	8,681.00
06-13-07	Janice	Prophylaxis-adult	66.00	8,747.00
06-13-07	Janice	Oral Hygiene Instructions	0.00	8,747.00
06-13-07	Janice	Oral Cancer Screening Exa	0.00	8,747.00
06-13-07	Janice	Home Care Supplies Dispens	0.00	8,747.00
06-13-07	Janice	Update Medical History	0.00	8,747.00
06-13-07	Janice	Seat Crown,inlay,onlay (#29)	0.00	8,747.00
06-13-07	Janice	deliver appliance	0.00	8,747.00
06-25-07	Janice	deliver appliance	0.00	8,747.00
09-06-07	Janice	Secnd claim cleared	0.00	8,747.00
10-15-07	Janice	lab fees per unit	200.00	8,947.00
12-03-07	Janice	Prophylaxis-adult	66.00	9,013.00
12-03-07	Janice	Oral Hygiene Instructions	0.00	9,013.00
12-03-07	Janice	Oral Cancer Screening Exa	0.00	9,013.00
12-03-07	Janice	Home Care Supplies Dispens	0.00	9,013.00
12-03-07	Janice	Update Medical History	0.00	9,013.00
12-03-07	Janice	Periodic Oral Examination	37.00	9,050.00
01-08-08	Janice	Insurance filed	0.00	9,050.00
03-06-08	Janice	repair restoration	0.00	9,050.00
03-17-08	Janice	Prim claim cleared	0.00	9,050.00
04-08-08	Janice	Follow Up	0.00	9,050.00

Dotson, 10

04-08-08	Janice	Bleaching refills	48.00	9,098.00
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Patient	Charges	Ins Pmts	Patient Pmts	Net Adj
Janice	9,098.00	0.00	0.00	0.00
Totals	9,098.00	0.00	0.00	0.00

Current Dental Terminology (CDT) © American Dental Association (ADA). All rights reserved.

**MEDCO HEALTH SOLUTIONS
PRESCRIPTION HISTORY**

Case 1:08-cv-05619-JFK Document 8-6 Filed 08/19/2008 Page 1 of 3

RX 00221407831-20 ISSUED 2002-05-13 BY WILLIAM HARRIS DEA# AH6726787 PHONE 304-344-2451 | C
POS 0005035421 DOCTOR ADDRESS: 3100 MACCORKLE AVE S CHARLESTON WV 000025304

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 21947 ACYCLOVIR TABS 4268/800 800MG | O/QTY 90 | A/QTY 90 | O/RFLS 1 | A/RFLS 1
| DAYS/S 30 PIRS (DOC/DT/SVR) 00000000000 / 0001-01-01 / T/QTY 0000 Q/DISP 0090 FILL TYP

DIRECS: TAKE 1 TABLET THREE TIMES A DAY

ORDER REVIEW: E98 2002-08-02

FILLED: 00:09:00:F2G:2002-08-06:0090 01:19:00:JCL:2003-01-27:0090

RX 00303513156-20 ISSUED 2002-07-30 BY BILLY ARANT DEA# AA9696901 PHONE 423-778-4408 | C
POS 0002799656 DOCTOR ADDRESS: 960 E 3RD ST STE 412 CHATTANOOGA TN 000037403

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 09548 ZOCOR TABS 740 20MG | O/QTY 90 | A/QTY 90 | O/RFLS 3 | A/RFLS 3
| DAYS/S 90 PIRS (DOC/DT/SVR) 00000000000 / 0001-01-01 / T/QTY 0000 Q/DISP 0090 FILL TYP

DIRECS: TAKE 1 TABLET DAILY AT BEDTIME

ORDER REVIEW: H41 2003-02-04

FILLED: 00:19:00:SKR:2003-02-04:0090 01:19:00:TLU:2003-04-21:0090 02:19:00:DAW:2003-05-07:0090 03:15:00:TEH:2003-07-24:0090

RX 00311502535-20 ISSUED 2003-04-07 BY WILLIAM SCARING DEA# AS5345536 PHONE 304-255-1541 | C
POS 0001878893 DOCTOR ADDRESS: 410 CARRIAGE DR BECKLEY WV 000025801

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 20419 PREMPRO PAK 28'S 0.625/2.5 2.5MG | O/QTY 3 | A/QTY 3 | O/RFLS 3 | A/RFLS 3
| DAYS/S 84 PIRS (DOC/DT/SVR) 00000000000 / 2003-04-25 / T/QTY 0012 Q/DISP 0003 FILL TYP

DIRECS: TAKE 1 TABLET DAILY

ORDER REVIEW: 167 2003-04-25

FILLED: 00:19:00:PRP:2003-04-25:0003

RX 00311502536-20 ISSUED 2003-04-07 BY WILLIAM SCARING DEA# AS5345536 PHONE 304-255-1541 | C
POS 0006641722 DOCTOR ADDRESS: 410 CARRIAGE DR BECKLEY WV 000025801

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 26725 FOSAMAX TABS 4'S 70MG | O/QTY 3 | A/QTY 3 | O/RFLS 3 | A/RFLS 3
| DAYS/S 86 PIRS (DOC/DT/SVR) 00000000000 / 0001-01-01 / T/QTY 0000 Q/DISP 0003 FILL TYP

DIRECS: TAKE 1 TABLET EVERY WEEK WITH WATER

ORDER REVIEW: 167 2003-04-25

FILLED: 00:09:00:D2K:2003-04-26:0003 01:09:00:F2H:2003-05-06:0003 02:19:00:MLG:2004-03-08:0003

Dotson 21

MEDCO HEALTH SOLUTIONS
PRESCRIPTION HISTORY

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RX 00311502535-20 ISSUED 2003-04-07 BY WILLIAM SCARING DEA# AS5345536 PHONE 304-255-1541 | C
POS 0001878893 DOCTOR ADDRESS: 410 CARRIAGE DR BECKLEY WV 000025801

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 20419 PREMPRO PAK 28'S 0.625/2.5 2.5MG | O/QTY 3 | A/QTY 3 | O/RFLS 3 | A/RFLS 3
| DAYS/S 84 PIRS (DOC/DT/SVR) 00000000000 / 2003-04-25 / T/QTY 0012 Q/DISP 0003 FILL TYP

DIRECS: TAKE 1 TABLET DAILY

ORDER REVIEW: 167 2003-04-25

FILLED: 00:19:00:PRP:2003-04-25:0003

RX 00311502536-20 ISSUED 2003-04-07 BY WILLIAM SCARING DEA# AS5345536 PHONE 304-255-1541 | C
POS 0006641722 DOCTOR ADDRESS: 410 CARRIAGE DR BECKLEY WV 000025801

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 26725 FOSAMAX TABS 4'S 70MG | O/QTY 3 | A/QTY 3 | O/RFLS 3 | A/RFLS 3
| DAYS/S 86 PIRS (DOC/DT/SVR) 00000000000 / 0001-01-01 / T/QTY 0000 Q/DISP 0003 FILL TYP

DIRECS: TAKE 1 TABLET EVERY WEEK WITH WATER

ORDER REVIEW: 167 2003-04-25

FILLED: 00:09:00:D2K:2003-04-26:0003 01:09:00:F2H:2003-05-06:0003 02:19:00:MLG:2004-03-08:0003

RX 00312612202-20 ISSUED 2003-04-24 BY WILLIAM HARRIS DEA# AH6726787 PHONE 304-344-2451 | C
POS 0006736880 DOCTOR ADDRESS: 3100 MACCORKLE AVE S CHARLESTON WV 000025304

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 28876 ALPRAZOLAM(XANAX) TABS 0.5MG | O/QTY 360 | A/QTY 360 | O/RFLS 1 | A/RFLS 1
| DAYS/S 90 PIRS (DOC/DT/SVR) 00000000000 / 2003-05-06 / T/QTY 0720 Q/DISP 0360 FILL TYP

DIRECS: TAKE 1 TABLET FOUR TIMES A DAY

ORDER REVIEW: GMS 2003-05-06

FILLED: 00:09:00:CJT:2003-05-08:0360

RX 00312612203-20 ISSUED 2003-04-24 BY WILLIAM HARRIS DEA# AH6726787 PHONE 304-344-2451 | C
POS 0000691231 DOCTOR ADDRESS: 3100 MACCORKLE AVE S CHARLESTON WV 000025304

DEP# 02 JANICE DOTSON DOB 1939-10-16 CUST/ID R14726610 PD1 FEPMAIL
DRUG: 08106 CHLORDIAZEP/AMITRIP TAB 277 10-25 | O/QTY 90 | A/QTY 90 | O/RFLS 1 | A/RFLS 1
| DAYS/S 90 PIRS (DOC/DT/SVR) 00000000000 / 0001-01-01 / T/QTY 0000 Q/DISP 0090 FILL TYP

DIRECS: TAKE 1 TABLET AT BEDTIME

ORDER REVIEW: GMS 2003-05-06

FILLED: 00:15:00:LJK:2003-05-07:0090 01:15:00:SND:2003-07-24:0090

medco[®]

PO Box 2660
Spokane, WA 99220-2660

3/6/08

Janice Dotson
73 Ave A
Richwood, WV 26261



www.LopezMcHugh.com

C A L I F O R N I A N E W J E R S E Y P E N N S Y L V A N I A

Regina Sharlow Johnson
Member New Jersey Bar
rjohnson@lopezmchugh.com

Reply To:
New Jersey Office

August 19, 2008

VIA ECF AND UPS NEXT DAY

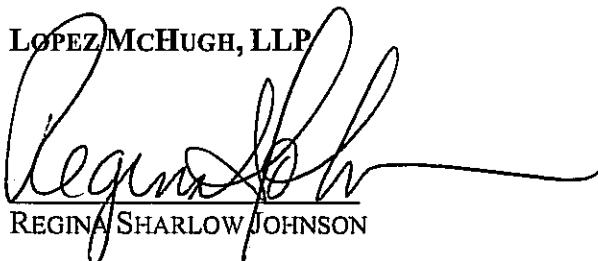
Venable LLP
Christine L. Gaarder
750 E. Pratt Street Suite 900
Baltimore, MD 21202

Re: In re Fosamax Product Liability Litigation (MDL-1789)
Plaintiff Profile Form and Authorizations
Janice Dotson (08-CV-5619)

Dear Ms. Gaarder:

Enclosed please find the fact sheet, with attached medical records and applicable exhibits, for the above referenced case. Additionally, we have enclosed blank, executed copies of the fact sheet's authorizations. Lopez McHugh LLP gives permission to Counsel for Merck to complete copies of the authorizations for the medical providers and entities listed in the enclosed fact sheet. Lopez McHugh LLP reserves the right to deny any authorization intended for a medical provider or entity not listed in the fact sheet.

Yours very truly,

LOPEZ MCHUGH, LLP

 REGINA SHARLOW JOHNSON

RSJ/
w/encls.
cc: Hughes Hubbard & Reed
LLP